

ClaimsFinancial

Reclaim Care Home Fees



Local health authorities all over the country have incorrectly assessed thousands of people's needs and denied them of the free NHS continuing care that they should have been entitled to.

Unless we are successful you do not pay a penny

Ref:

YOUR DETAILS (please complete)	Please complete this short questionnaire about the patients health needs.	Yes	No	Don't know
		Your Name:	Does the patient need assistance walking or moving from their bed/chair?	
Your Address:	Does the patient need assistance feeding?			
Your Postcode:	Does the patient have any continence issues?			
Telephone number:	Does the patient have any skin problems? (For example, Eczema or bed sores)			
Email:	Does the patient have any difficulty breathing?			
Patient Name:	Does the patient have problems communicating?			
Relationship to you:	Does the patient suffer from Alzheimers or Dementia?			
Date Patient went in to care:	Does the patient have any behavioural problems?			
Is patient still in care?	Does the patient have any psychological or emotional problems?			
Prior to going in to care, did the patient live in:	Does the patient need assistance taking their medication?			
<ul style="list-style-type: none">• England• Scotland• Wales• Ireland	Does the patient suffer from any altered states of consciousness? (For Example, a coma, hallucinations)			
Please indicate the best time to contact you via telephone:	If you have answered yes to any of the above, please give brief details below:			
	Please give details of any further information you feel may be relevant:			

I hereby declare that all of the information I have given above is true

ANG-LFFL

Signed:

Print Name:

Date:

info@claimsfinancial.co.uk